

ORDER FOR SUPPLIES OR SERVICES					PAGE 1 OF 53	
1. CONTRACT/PURCH ORDER/AGREEMENT NO. N0017819D8217		2. DELIVERY ORDER/CALL NO. N6600122F3511		3. DATE OF ORDER/CALL (YYYYMMDD) 2022SEP26		
4. REQUISITION/PURCH REQUEST NO. 1301029682		5. PRIORITY Unrated				
6. ISSUED BY Naval Information Warfare Center Pacific 53560 Hull Street San Diego, CA 92152-5001		CODE N66001		7. ADMINISTERED BY (if other than 6) DCMA SAN DIEGO 9174 Sky Park Court, Suite 100 SAN DIEGO, CA 92123-4353		
8. DELIVERY FOB <input type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)		CODE S0514A		SCD: C		
9. CONTRACTOR NAME AND ADDRESS ODME SOLUTIONS, LLC 1963 CHRISTY LN DEL MAR, CA 92014		CODE 6R2L4		FACILITY 078467626		
10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE		11. X IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input checked="" type="checkbox"/> WOMEN-OWNED		12. DISCOUNT TERMS Net 30 Days WAWF		
13. MAIL INVOICES TO THE ADDRESS IN BLOCK SEE SECTION G						
14. SHIP TO SEE SECTION F		CODE		15. PAYMENT WILL BE MADE BY DFAS Columbus Center, West Entitlement P.O. Box 182381 Columbus, OH 43218-2381		
MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.		CODE HQ0339				
16. DELIVERY/ CALL <input checked="" type="checkbox"/> TYPE OF ORDER PURCHASE <input checked="" type="checkbox"/>		This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.				
ODME SOLUTIONS, LLC NAME OF CONTRACTOR		<i>M. Mannie Humphreys (Formerly Keeton)</i> SIGNATURE		Mannie Keeton TYPED NAME AND TITLE		
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:				2022/10/03 DATE SIGNED (YYYYMMDD)		
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE						
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES			20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	
	SEE SCHEDULE					
*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.		24. UNITED STATES OF AMERICA /s/Richard Anderson BY:		09/26/2022 CONTRACTING/ORDERING OFFICER		
25. TOTAL (b)4		26. DIFFERENCES				
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED:						
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE			c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE			28. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. D.O. VOUCHER NO.	
f. TELEPHONE NUMBER			g. E-MAIL ADDRESS		30. INITIALS	
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.			31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY	
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		33. AMOUNT VERIFIED CORRECT FOR		
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS
						41. S/R ACCOUNT NUMBER
						42. S/R VOUCHER NO.